	PATENT A	PPLICATIO Effecti	RD	Application or Docket Number									
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER SMALL E		
TOTAL CLAIMS			11					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		. /			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =					X42=		OR	X84=		
MU	LTIPLE DEPENI	DENT CLAIM P	RESENT	SENT				+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						Ł	TOTAL		OR	TOTAL	750		
CLAIMS AS AMENDED - PART II										00	OTHER		
_	144105	(Column 1)		(Colum		(Column 3)		SMALL		OR I I	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 11	Minus	**	ನೆಂ	1		X\$ 9=		OR	X\$18=		
	Independent	. 1	Minus	***	3	=		X42=		OR	X84≡	/	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ļ	+140=		OR	+280=		
							L	TOTAL			TOTAL ADDIT, FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		NDDIT. FEE			ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₩ Q	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		<u> </u>	11	X42=		OR	X84=		
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		OR	+280=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) (Column 2) (Column 3)							•				
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUN PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***	IT OL ALL	]=	11	X42=		OR	X84=		
匚	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **ORT   TOTAL OR											TOTAL		
-	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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